

Short Communication

The Albert Pavilion and the Story of Emergency and Trauma Care at Royal Prince Alfred Hospital

Michael Dinh^{1,2*}, Christopher Byrne³ and David Hill³

¹Emergency Physician, Co-Director, Trauma Services Royal Prince Alfred Hospital, Australia

²Clinical Associate Professor, Sydney Medical School, University of Sydney, Australia

³Department of Trauma Services, Sydney Medical School, Royal Prince Alfred Hospital, Sydney, Australia

Introduction

During a visit to the Sydney northern beaches suburb of Clontarf in 1868, Prince Alfred, second son of Queen Victoria was shot in the back by a would-be assassin. The bullet was surgically removed and he recovered thanks to the care of nurses trained directly under Florence Nightingale. The people of Sydney, in gratitude and perhaps collective relief, petitioned for a fund to construct a memorial hospital in Prince Alfred's honour. Land for the hospital was granted by the Senate of The University of Sydney seeking to establish a teaching hospital for its new medical school. After some delay due to funding constraints, the Royal Prince Alfred (RPA) Hospital was finally opened on September 25th 1882 with 146 beds [1,2].

The twin Victoria and Albert Pavilions were opened on both sides of the original building in 1904 under the direction of Sir Thomas Anderson Stuart then Dean of The Faculty of Medicine and Dr Charles Blackburn. In contrast to the nearby Sydney Infirmary at the time, these pavilions housed wards designed using Nightingale's state of the art principles of nursing and hygiene. Dr Robert Scot Skirving, a fellow alumnus from The University of Edinburgh, was the first appointed clinical superintendent under Anderson Stuart. As both an honorary surgeon and physician (a founding member of both Royal Australian Colleges), an accomplished university lecturer, researcher and administrator, he can perhaps be considered, if only in spirit, a true Emergency Physician.

For in truth, Emergency Physicians would not exist in name for at least another century. During the early days and most of the 20th Century, "Casualty" was a small rudimentary triage area located just to the left in the main corridor as one entered the main entrance. They were received by a nurse who treated wounds and "streamed" them to the most appropriate in-patient ward. One of these was ward A3, Albert Pavilion, the adult male surgical ward, which had a separate enclosed observation area called "A3 Obs". Through a small hole in the door, clinicians could observe the "obstreperous and cerebrally irritated, without disturbing them" [1]. This was later described with fondness in the 1930s in scenes not too dissimilar to those in today's Emergency Department.

*Life was mostly froth and beer
In A3 Obs.
Hourly pulses – things that cheer (?)
In A3 Obs.
You will hear a wild man yell
What he'll say you can't quite tell,*

*Mostly saying—"Go to ----" well
Not A3 Obs.
Fractured skulls and fractured minds
In A3 Obs.
Anything that Cas* can find
Goes to A3 Obs.
Its full of men so curt
Whose language is so very pert
Who run about in--"That pink shirt"
Out of A3 Obs.*

Box: "A3 Observation Ward" (Author unknown) Excerpt from RPA nursing periodical "Philomena" circa 1930 [3]. *The eloquent colloquialism of the day for Emergency Department.

The first orthopaedic appointment was L.G Teece, Director of Medical Gymnastics and Senior Honorary Orthopaedic Surgeon in 1920 [2]. The 1930s saw a rapid rise in the use of automobile transportation with a resultant increase in road trauma. The chairman of the hospital during the 1940s and 50s Sir Herbert H Schlink, an eminent gynaecologist, foresaw the need for a separate Rehabilitation Unit and Emergency and Accident precinct with 100 dedicated beds and heliport [3,4]. His plans were shelved, and over the next few decades, with road trauma peaking, his fears of trauma and emergency patients choking hospital beds were to be manifested in modern day 'access block'.

Emergency Medicine only emerged as a recognised medical specialty in relatively recent times. There was an emerging body of scientific evidence regarding the benefits of organised trauma systems, resuscitation and cardiology, and trained and dedicated medical professionals were required to lead this new field of endeavour. The first medical director of the Emergency Department was Dr Graham Yule, an Anaesthetist by training, who was appointed in 1976. Dr. Yule transformed what was once a disorganised "Cas" into a full medical department within the hospital, developing and establishing its initial skill-sets and core competencies [5]. He went on to play important

Correspondence to: Michael Dinh, Emergency Physician, Co-Director, Trauma Services Royal Prince Alfred Hospital, Australia, Tel: 95156386; E-mail: dinh.mm@gmail.com

Received: October 28, 2016; **Accepted:** November 18, 2016; **Published:** November 21, 2016



Figure 1. (circa 1919) The Albert Pavilion Royal Prince Alfred Hospital. Photograph taken from the corner of Missenden Road and “Tin Alley”, later to be named Johns Hopkins Drive.



Figure 2. The Albert Pavilion Royal Prince Alfred Hospital 2016.

roles in the founding of both the Society for Emergency Medicine and the Australasian College for Emergency Medicine in 1984. Emergency Medicine would be formally recognised in Australia as a medical specialty in 1991. The Emergency Department in those times was located on the ground floor of A Block with Ambulances entering from Johns Hopkins Drive. (During World War Two, a unit of the Johns Hopkins University Hospital was stationed in A Block to treat wounded American service personnel). There was one resuscitation bed and two acute beds with an adjacent operating theatre room and X-Ray machine. There were few job opportunities and constant struggles for recognition and respect. It was here that the trailblazers toiled and laid the foundations for generations of successful Emergency Physicians at this hospital and others.

In 1995, as a result of the relocation of the Royal Alexandra Hospital for Children campus to The Children’s Hospital at Westmead, the Emergency Department became a combined adult and paediatric unit. Soon after, it found a new home in its current location within Albert Pavilion backing directly onto Missenden Road. The adjacent Kater ward (named after Henry Edward Kater, chairman of the hospital from

1920-1924) was converted into the Winifred Haylett (a volunteer at the hospital) tutorial room, simulation rooms and staff offices, providing a training springboard for countless doctors and nurses for over two decades. The northern balcony of this wing (Figures 1 and 2) would provide welcome respite for meal breaks and quiet reflection, away from the hustle and bustle down the corridor.

In many respects the stories of emergency and trauma care parallel those in many Australian hospitals. However it is almost impossible to fully appreciate the story here at RPA without understanding its long history. For some perspective, one need only stroll past the front entrance to see the mix of old and new. Victorian-age pavilions and stained glass windows flanked on all sides by modern world-class research and treatment centres. The original Albert Pavilion is still home to one of the busiest Emergency Departments in New South Wales, nearly 115 years after its opening. A living memorial to the goals of dedicated clinical service conjugated with passionate academic curiosity. And therein lies what I think is at the heart of all good clinical care: Practice and research of evidence based medicine anchored by solid traditions and practices which form the bedrock of clinical care. It was the great scientist Sir Isaac Newton who observed, “If I have seen further, it is by standing on the shoulders of giants”. Such truisms echo down the long hallways of this building.

The RPA museum is open Wednesdays 9am to 3pm. Tel: 9515 9201

Acknowledgement

We acknowledge the assistance of Ms Deborah Willcox General Manager of Royal Prince Alfred Hospital, Ms Judy Dixon, Clinical Manager of Critical Care, Respiratory and Gastrointestinal services Sydney Local Health District, Dr Ken Abraham and Professor Sally McCarthy in the preparation of this manuscript. We also gratefully thank the volunteers of the RPA Museum for their expertise, use of archival material and proof-reading. A complete version of this paper forms part of a doctoral thesis by Michael Dinh on the scope of trauma outcomes at Royal Prince Alfred Hospital, available on request.

References

1. Armstrong DM (1965) The first fifty years. A history of nursing at the Royal Prince Alfred Hospital, Sydney from 1882 to 1932. Royal Prince Alfred Hospital Graduate Nurses Association, Sydney, Australia.
2. Schlink HH (1933) Royal Prince Alfred Hospital: Its history and surgical development. *ANZ J Surg* 3: 115-129.
3. Ruth Teale (1988) “Schlink, Sir Herbert Henry (1883-1962)”, Australian Dictionary of Biography, National Centre of Biography, Australian National University.
4. Tyer HDD (1992) The history of orthopaedic surgery at Royal Prince Alfred Hospital, Sydney. *ANZ J Surg* 62: 7-12.
5. Abraham K (1991) Profile: Graham Andrew Yule. *Emergency Medicine* 3: 64-65.